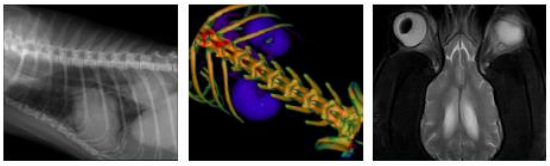

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1-800-838-4268 info@sonopath.com

PATIENT

Frankie Scholes

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Stephanie Jackson

INVOICE

51530

DATE

4-13-22

PRESENTING CLINICAL SIGNS

Frankie presented with a 2.5 year history of a large cranial mediastinal cystic structure. Clinical signs of cough and labored breathing occur when the cystic structure is full. The cyst has been drained 6 times, 180-400 ml of fluid removed each time. The fluid is serosanguinous. Frankie has had "shortness of breath" since she was a kitten. The cranial mediastinal cyst was discovered in March 2020. She has been on Prednisolone for the past 2 years. The prednisolone has helped. The cyst was last drained on 2/16/22, needs to be drained again. The cyst has caused intermittent cardiac and pulmonary compression. Previous diagnosis: Cranial mediastinal cyst Purpose of CT scan: Diagnostic, surgical excision planning Location of CT scan: Chest/Abdomen Mass: Fluid filled, drained every 8 weeks. Therapies tried and response: Antibiotics tried in the beginning but good response to prednisolone. Current medication: Prednisolone Current signs: Burping a lot, occasional foul smelling formed stools, mild shortness of breath, some physical discomfort. Appetite and activity level: Good appetite, energy levels may be a little decreased. Abnormal PE/Chem/CBC/UA Results: PE: **Cardiovascular:** Abnormal: There are no heart or lung sounds in the cranial thorax; the heart is heard over the right caudal thorax; cardiac rhythm and rate are normal; no murmur **Respiratory:** Abnormal: Normal lung sounds caudally; no lung sounds cranially, normal respiratory rate and effort Lab: Blood work is dated 4/11/22. CBC - PCV = 41.19%, WBC = 4410, neutrophils = 3470, lymphocytes = 660, monocytes = 230. Platelets = 331,000. Chemistry - BUN = 15, Globulin = 5.8, all else normal. Urinalysis (10/9/21) - USG = 1.050, pH = 6.5, 1+ protein, WBC = 0, RBC = 0, no bacteria. Ultrasound guided fluid drainage from cyst - 350 ml serosanguinous fluid, thick convoluted walls post drainage.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the initial scan of the thorax, approximately 2/3 of the pleural cavity are occupied by mediastinal soft tissue attenuating mass

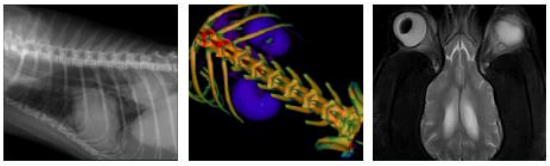
Post drainage:

In the cranial mediastinum, a multicameral, amorphous mass presenting a fluid attenuating center demarcated by a thick irregular, heterogeneous contrast enhancing capsule is visible. The mediastinal mass is extending from the level of the cranial thoracic aperture caudally along the left aspect of the heart up into the ventral aspect of the caudal mediastinum. The mediastinal mass is measuring approximately 3.8 x 3.5 x 14.0 cm in size. The cranial lung lobes are distorted by the extrapleural mass effect. The trachea is mildly deviated dorsally by the mass effect.

The vertebral endplates T11/T12 present mild spondylosis formation.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.



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The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

A mild amount of mineral attenuating material is associate with the right renal pelvis.
The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Multifocal throughout the hepatic parenchyma, well-defined parenchymal filling defects, measuring up to 2.7 mm in size, are visible.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Metal attenuating suture material is seen at the ventral abdominal wall.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cavitary mediastinal lesion
- Multiple small hepatic cysts
- Right sided nephrolithiasis without signs of obstruction
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with the history of a large mediastinal cyst, a thymic branchial cyst is a consideration as well (can undergo malignant transformation). The cystic mass is collapsed, and the thickened wall is likely a sequela to retraction of the wall. Overall, the wall of the mass is well defined to the cranial mediastinal structures but presents well-vascularized; there is no evidence of vascular invasion. Complete surgical excision of the cystic lesion is considered feasible.

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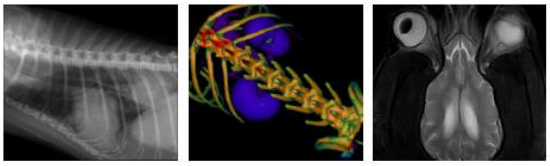

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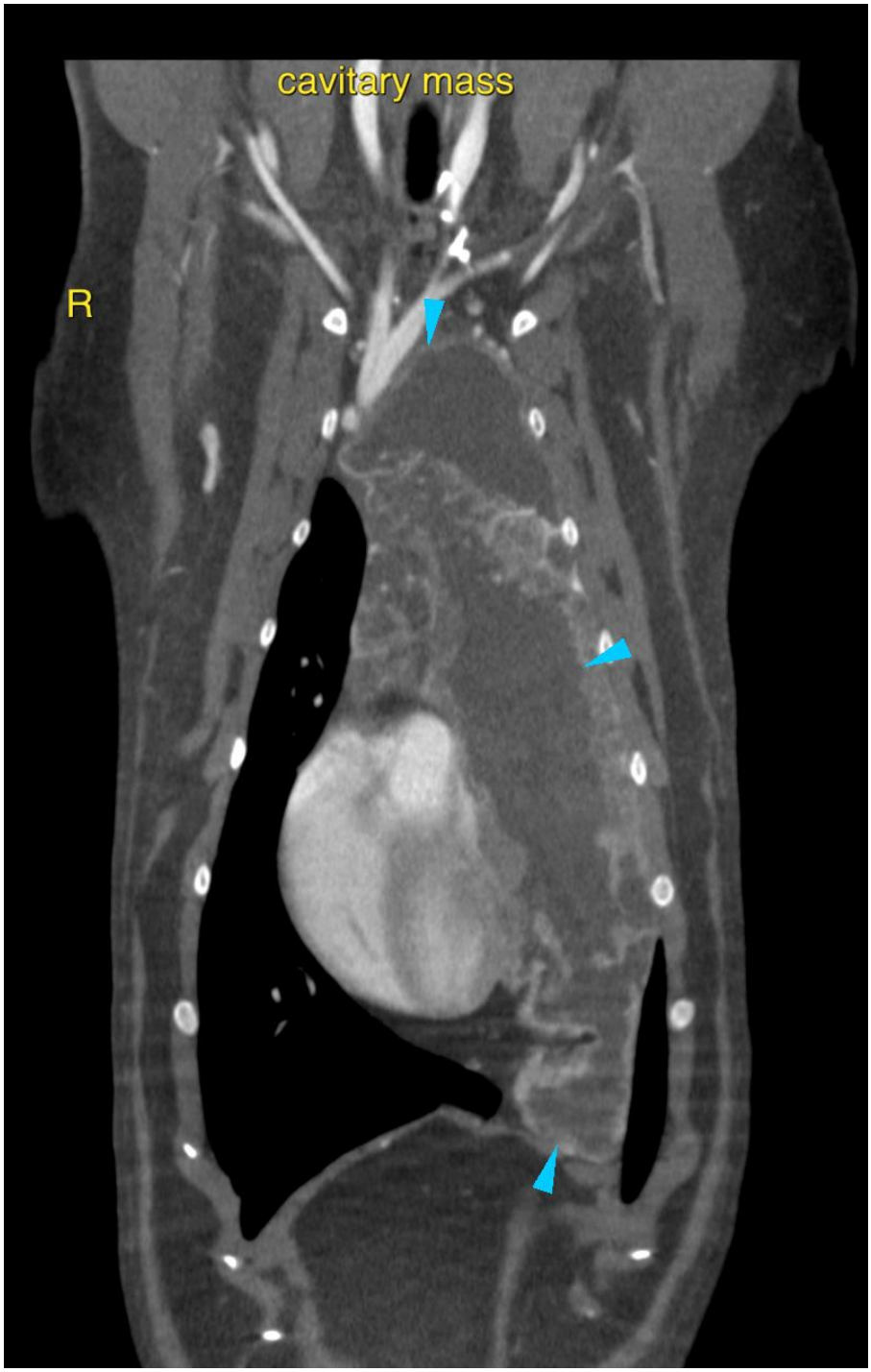

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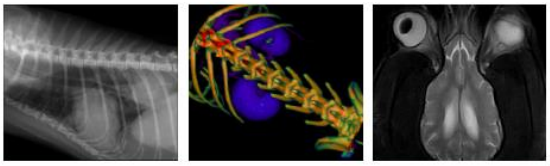

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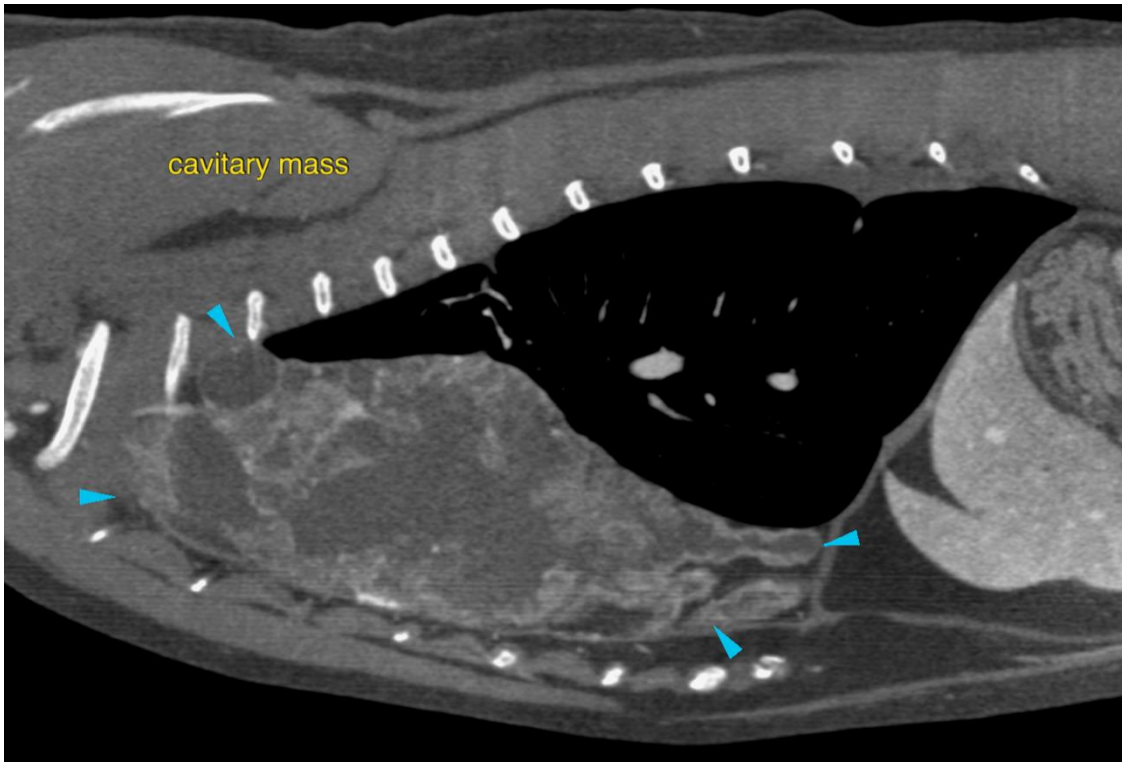

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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